

Village of Neosho

210 S Schuyler St
Neosho, WI 53059

For inspections call:
262-825-8820

Permit NO.
TAX KEY #
BUILDING PERMIT #

Heating, Ventilating & Air
Conditioning Permit Application

Project Location (Building Address)	
Project Description	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND TWO FAMILY

Owner's Name		Mailing Address - Include City & Zip		Telephone - Include Area Code	
Contractor's Name		Mailing Address - Include City & Zip		Telephone - Include Area Code	
Estimated Cost	Email	License Number			
List Electrical Contractor For all HVAC Replacements		Mailing Address - Include City & Zip		Telephone - Include Area Code	

SCHEDULE OF INSPECTION FEES		EACH	COUNT	FEE
NEW BUILDING	Base Fee.....	\$100/\$150	_____	_____
	Plus (For All Areas).....Residential \$100	.08/Sq. Ft.	_____ Sq. Ft.	_____
Commercial \$150	.10/Sq. Ft.	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISC. ITEMS				
Gas, oil, electric and coal furnace and boiler				
	One and two family - First 150,00 BTU.....	60.00	_____	_____
	Commercial - First 150,000 BTU.....	75.00	_____	_____
	All over 150,000 BTU.....	\$5/50,000 BTU	_____	_____
Air Conditioning				
	One and two family.....	60.00	_____	_____
	Commercial.....	75.00	_____	_____
	All over 36,000 BTU.....	\$5/12,000 BTU	_____	_____
Fireplace and wood burning stove.....		60.00	_____	_____
Electric baseboard wall unit and cabinet unit.....		5.00/KW	_____	_____
Commercial Exhaust Hood		\$150	_____	_____
Duct work alteration.....		75.00	_____	_____
Other.....			_____	_____
	Minimum Permit Fee.....	\$100.00 Residential/ \$175.00 Commercial		
	Reinspect Fee.....	\$125.00 Each		
	Failure to call for inspection.....	\$125.00 Each		
TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.				

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agent or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hour notice.

SIGNATURE OF APPLICANT _____ DATE _____

FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____	CK # _____ Date _____ From _____ Rec.By _____	Permit Expires 90 Days from date unless otherwise noted below: _____ No refunds on permits, and are non-transferable	Name _____ Date _____ Cert.No. _____
Total _____			